



Application for Employment
CITY OF ATLANTA
68 Mitchell Street, S.W.
Atlanta, Georgia 30303-0306
(404) 330-6369
JOBS LINE (404) 330-6456

FOR OFFICE USE ONLY
TEST DATE: _____
INTERVIEWER'S INITIALS _____
VERIFIED BY _____

EXACT TITLE OF POSITION APPLIED FOR	FOR OFFICE USE ONLY

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION

Have you read the job requirements for this position and any other relevant materials provided? Yes ☐ No ☐

Does your work experience and/or education meet the MINIMUM QUALIFICATION requirements described for this position? Yes ☐ No ☐

INSTRUCTIONS

Please answer *all* questions completely and accurately. Type or print clearly. If additional space is needed, you may attach additional sheets. A resume may be attached as additional information but can not be accepted in lieu of completing this application.

ENTER YOUR SOCIAL
SECURITY NUMBER HERE

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Name:

Last

First

Middle or Maiden

Address:

Number

Street

Apt. No.

City

State

Zip Code

Telephone Number (_____) _____ Alternate Number (_____) _____

Are you a citizen
Of the United States? Yes ☐ No ☐

If no, are you
a permanent resident? Yes ☐ No ☐

1986 IRCA requires prospective employees to verify identity
and employment eligibility prior to employment.

Emergency Contact: _____ (_____) _____
Name Area Code Telephone Number Relationship

What prompted you to apply for City employment?

- A. () Newspaper Ad (Specify): _____
B. () Radio Announcement (Station Name): _____
C. () Trade Periodical: _____
D. () School Placement Office: _____
E. () Telephone Job Line: _____

- F. () Employee Referral: _____
G. () State Employment Office: _____
H. () City Personnel Office: _____
I. () Bureau Bulletin Board: _____
J. () Job Fair or Career Day: _____
K. () Other: _____

Have you filed an application with the City of Atlanta before? Yes ☐ No ☐ Position last applied for: _____

Are you presently employed by the City of Atlanta? Yes ☐ No ☐

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

I certify that all information on this application is true and correct to the best of my knowledge, and acknowledge that any false statement or misrepresentation of facts will be grounds for disqualification or termination. I authorize the City of Atlanta to verify this information.

(Signature) (Date)

An Equal Opportunity Employer

The City of Atlanta is an equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion, Sexual Orientation or Physical/Mental Disability (except where physical/mental requirements constitute a bona fide occupational qualification).

PRIOR CITY EMPLOYMENT Have you been employed previously by the City of Atlanta? Yes ☐ No ☐
If yes, indicate department in which you were employed:_____ Last position held:_____
Date started:_____ Date left:_____ Reason for leaving:_____
Did you leave in good standing? Yes ☐ No ☐ Were you dismissed or asked to resign? Yes ☐ No ☐

RELATIVES WORKING FOR THE CITY Do you have any relatives working for the City? Yes ☐ No ☐
If yes, list each relative Name:_____ Relationship:_____ Dept./Bureau:_____
Name:_____ Relationship:_____ Dept./Bureau:_____

EDUCATION

Name of last High or Grade School Attended	Location City or County, State		Circle Last Grade of School Completed												Date of Leaving	Did You Graduate?
			1 2 3 4 5 6 7 8 9 10 11 12 GED													
Colleges or Universities Attended and Location	Dates of Attendance		Hours Earned		Was Degree Awarded? YES/NO	Year of Degree	Type of Degree	Major Field of Study								
	From Month/Year	To Month/Year	Quarter	Semester												
Graduate Schools Attended and Location	Dates of Attendance		Hours Earned		Was Degree Awarded? YES/NO	Year of Degree	Type of Degree	Major Field of Study								
	From Month/Year	To Month/Year	Quarter	Semester												
Trade, Technical or Business Schools (Including Military Service Schools)	Dates of Attendance		Number of Hours per Week	Did You Graduate? YES/NO	Description of Courses Studied											
	From Month/Year	To Month/Year														

LICENSE/CERTIFICATION

Do You Drive An Automobile? Yes ☐ No ☐ Driver's License #:_____ State:_____ Class:_____ Expiration Date:_____
Do You Have:
A Commercial Driver's License? Yes ☐ No ☐ Driver's License #:_____ State:_____ Class:_____ Expiration Date:_____
Current DOT Medical Card? Yes ☐ No ☐ State:_____ Expiration Date:_____
List any other License or Certificate you have: State or other
(Professional Engineer, Water Plant Operator, Pilot, etc.) Licensing Authority Expiration Date

TYPING SKILLS Do you type? Yes ☐ No ☐ If yes, approximate words per minute:_____

LANGUAGE SKILLS Are you fluent in any other languages other than English? Yes ☐ No ☐
List each language: _____

COMPUTER QUALIFICATIONS AND SKILLS (list all computer software and programming languages in which you are proficient: Microsoft Word, etc.)_____

MILITARY SERVICE

Have you had ACTIVE military service? Yes ☐ No ☐ (All veterans will be required to present their military papers, DD Form 214.)
From:_____ Branch of Service_____
Month Year
To:_____ Rank at Discharge_____
Month Year
From:_____ Branch of Service_____
Month Year
To:_____ Rank at Discharge_____
Month Year
Was your discharge Honorable? Yes ☐ No ☐ If No Indicate Type:_____
*A discharge other than Honorable is not an absolute bar to employment.
Do you have a service related disability? Yes ☐ No ☐ Type of Disability:_____

Please list the details of your military work history in the employment area of this application.

EMPLOYMENT RECORD

INSTRUCTIONS: In the spaces provided, give a **COMPLETE** record of employment. Start with your present or most recent employment and work back to your first job. List all jobs you have held since you left school. Explain any periods when you were not employed. If you worked for the same employer but held different jobs, describe each job separately. If duties varied widely in one job, give percentage of time for each duty. **DO NOT** write “**SEE RESUME**” in the work experience section. This is not acceptable for evaluation purposes. List the number of hours worked per week for part time, volunteer work or work performed while in school. If there are not enough spaces to cover your work history, attach additional sheets and include your name and social security number on each attachment.

BE COMPLETE. AN INCOMPLETE APPLICATION MAY AFFECT YOUR RATING.

LIST MOST RECENT EMPLOYMENT FIRST – PLEASE PRINT OR TYPE.

From: _____, _____ Month Year To: _____, _____ Month Year Your Job Title: _____ Number of Hours Worked per Week: _____ Description of your duties: _____ _____ _____ _____ Reason for Leaving (BE SPECIFIC): _____ Supervisor's Name: _____ Phone Number: _____ Number and titles of employees you supervised: _____	Starting Salary \$ _____ Ending Salary \$ _____ Name of Firm: _____ Address: _____ _____ Type of Business: _____
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From: _____, _____ Month Year To: _____, _____ Month Year Your Job Title: _____ Number of Hours Worked per Week: _____ Description of your duties: _____ _____ _____ _____ Reason for Leaving (BE SPECIFIC): _____ Supervisor's Name: _____ Phone Number: _____ Number and titles of employees you supervised: _____	Starting Salary \$ _____ Ending Salary \$ _____ Name of Firm: _____ Address: _____ _____ Type of Business: _____
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From: _____, _____ Month Year	Starting Salary \$ _____	Name of Firm: _____
To: _____, _____ Month Year	Ending Salary \$ _____	Address: _____
Your Job Title: _____		_____
Number of Hours Worked per Week: _____		Type of Business: _____
Description of your duties: _____		

Reason for Leaving (BE SPECIFIC): _____		
Supervisor's Name: _____		Phone Number: _____
Number and titles of employees you supervised: _____		

From: _____, _____ Month Year	Starting Salary \$ _____	Name of Firm: _____
To: _____, _____ Month Year	Ending Salary \$ _____	Address: _____
Your Job Title: _____		_____
Number of Hours Worked per Week: _____		Type of Business: _____
Description of your duties: _____		

Reason for Leaving (BE SPECIFIC): _____		
Supervisor's Name: _____		Phone Number: _____
Number and titles of employees you supervised: _____		

From: _____, _____ Month Year	Starting Salary \$ _____	Name of Firm: _____
To: _____, _____ Month Year	Ending Salary \$ _____	Address: _____
Your Job Title: _____		_____
Number of Hours Worked per Week: _____		Type of Business: _____
Description of your duties: _____		

Reason for Leaving (BE SPECIFIC): _____		
Supervisor's Name: _____		Phone Number: _____
Number and titles of employees you supervised: _____		

COMPLETING THE APPLICATION

All applications must be fully completed. A resume may be attached to provide additional information but DOES NOT take the place of completing the application itself. No other Personnel File is considered part of the application process. Applications are accepted only if the position is currently open. Follow all instructions shown on the application and/or supplement. If you need more space, attach additional sheets.

JOB REQUIREMENTS

Please note the education and/or experience requirements listed on the job announcement bulletin. These are minimum requirements, which all applicants must meet in order to be considered for employment for a specific job classification. If you do not meet these requirements, you will receive a rating of Not Qualified for employment.

APPLICATION PROCEDURE

- A completed City of Atlanta application must be received by the closing date indicated on the bulletin, unless otherwise indicated.
- Every application received by the closing date is evaluated and assigned a rating by the Personnel Staff.
- If the position requires a test, each applicant will be notified either at the time the application is submitted or by mail.
- Each applicant for a classified position will receive one of the following ratings:
(1) HIGHLY QUALIFIED (2) WELL QUALIFIED (3) QUALIFIED (4) NOT QUALIFIED.
- An incomplete application may result in a NOT QUALIFIED rating.
- Applications, resumes, letters of reference and/or other documents submitted become property of the City of Atlanta and cannot be returned.

APPLICATION RESPONSE TIME

All applicants who complete an employment application will receive a written response. Telephone requests regarding the status of an application are not encouraged since they slow down the response time.

BACKGROUND INVESTIGATION

Education, credentials and employment history will be verified prior to appointment. Additional areas of verification are required for certain positions. **Falsification of information will result in automatic disqualification for City employment and may result in termination of employment.**

PRE-EMPLOYMENT PHYSICAL EXAMINATION REQUIREMENT

All new employees will be required to undergo a physical examination, which includes a test for illegal drugs.

ADVERTISING VACANCIES

Current vacancies are advertised and posted weekly at the Bureau of Personnel Administration. You may call our JOBS LINE at (404) 330-6456 to hear a recorded message (24 hours a day) on most current vacancies. You may also visit the City's web site: www.ci.atlanta.ga.us to see a complete listing of jobs for which we are currently accepting applications. Applications are accepted only for those positions, which are currently advertised.

Your interest in employment with the City of Atlanta is appreciated.

Bureau of Personnel Administration
Department of Personnel and Human Resources

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

Please indicate your date of birth, race and sex. This information is CONFIDENTIAL and will only be used to evaluate the effectiveness of our equal employment, affirmative action program.

APPLICANT EEO DATA

Please complete the following:

Date of Birth: _____
Month Day Year

Sex: Female ☐ Male ☐
Race: Black ☐ White ☐ Hispanic ☐ Asian ☐ American Indian ☐
Other ☐ Specify _____